Image# 28930703991 02%21\(\frac{1}{2}\)2008 13:48

## **FEC FORM 5**

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

(a) Name of Individual, Organization or Corporation				
LEAGUE OF CONSERVATION VOTERS INC				
(b) Address (number and street)				
(c) City, State and ZIP Code				
Washington DC 20036	FEC Identification Number			
2. Corporate filers only	<b>C</b> C90005786			
Is the filer a qualified nonprofit corporation? X Yes No				
Individual filers only Name of Employer	Occupation			
	·			
4. TYPE OF REPORT (check appropriate boxes):				
(a) April 15 Quarterly Report 24-Hour Notice 🛛 48-h	Hour Notice			
☐ July 15 Quarterly Report				
October Quarterly Report				
☐ January 31 Year-End Report				
January 31 Tear-Life Neport				
(b) Is this Report an amendment? Yes X No				
5. COVERING PERIOD: FROM 12 / DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
THROUGH				
M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
6. TOTAL CONTRIBUTIONS	.00			
7. TOTAL INDEPENDENT EXPENDITURES	39717.70			
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addit reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's reg	tion, if the independent expenditures			
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE			
Barbara Gonzalez-McIntosh	02/21/2008			
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.				
11012. Cabinission of faise, entineous of incomplete information may subject the person signing this report to the perialities of 2 0.3.0 437g.				

 $For \ further \ information, \ contact:$ 

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

## SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Full Name (Last, First, Middle Initial) of Payee	Date	
Terris Barnes & Walters	M M / D D / Y Y Y	
Mailing Address	1 2 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
400 Montgomery St	Amount	
Suite 700	37951.00	
City State Zip Code San Franciso CA 94104		
Purpose of Expenditure  Category/	Office Sought: X House State: MD	
Direct Mail and Campaign Literature Type	House Senate District: 04	
Name of Federal Candidate Supported or Opposed by Expenditure:	President Bistrict	
Donna Edwards	Check One: X Support Oppose	
	Disbursement For: X Primary General	
Calendar Year-To-Date Per Election 51668.7	2008 — —	
for Office Sought	Other (specify)	
Full Name (Last, First, Middle Initial) of Payee	Date	
Winning Connections	M M / D D / Y Y Y	
Mailing Address	12 20 2007	
317 Pennsylvania Ave SE	Amount	
2nd Floor	1766.70	
CityStateZip CodeWashingtonDC20003		
Purpose of Expenditure  Category/	Office Sought: X House State: MD	
Automated Phone Calls Type	House Senate District: 04	
Name of Federal Candidate Supported or Opposed by Expenditure:	President President	
Donna Edwards	Check One: X Support Oppose	
	Disbursement For: X Primary General	
Calendar Year-To-Date Per Election 53435.4	2008	
for Office Sought	Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	39717.70	
(b) SUBTOTALof Unitemized Independent Expenditures		
39717.70		
(c) TOTAL Independent Expenditures		
(carry total from last page forward to Line 7)		